













Name \_\_\_\_\_





# Be a *fit* Kid Challenge





Each day record your energy level, your MOOD, your snack choice, and how you MOVE. Check the box that best matches your feelings and choices then write out how you moved.

Energy Level	MOOD	Snack Choice	MOVE
 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fruits  <input type="checkbox"/> Veggies  <input type="checkbox"/> Other _____	_____ _____ _____

Energy Level	MOOD	Snack Choice	MOVE
 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fruits  <input type="checkbox"/> Veggies  <input type="checkbox"/> Other _____	_____ _____ _____

Energy Level	MOOD	Snack Choice	MOVE
 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fruits  <input type="checkbox"/> Veggies  <input type="checkbox"/> Other _____	_____ _____ _____

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